

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b> FOR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER: <u>0 1 - 0 1 1</u>	2. STATE: WYOMING
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	

TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE OCTOBER 1, 2001
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5. TYPE OF PLAN MATERIAL (Check One):

NEW STATE PLAN       AMENDMENT TO BE CONSIDERED AS NEW PLAN       AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

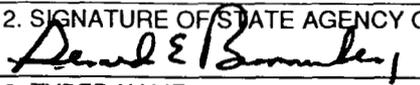
6. FEDERAL STATUTE/REGULATION CITATION: Section 702, BIBA 2000	7. FEDERAL BUDGET IMPACT: a. FFY <u>01</u> \$ <u>315,000.00</u> b. FFY <u>02</u> \$ <u>-0-</u>
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  attachment 4.19B, 2b and Attachment 4.19B, 2c	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):  Same
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10. SUBJECT OF AMENDMENT:  
FQHC/RHC REIMBURSEMENT

11. GOVERNOR'S REVIEW (Check One):

GOVERNOR'S OFFICE REPORTED NO COMMENT       OTHER, AS SPECIFIED:  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO:  IRIS OLESKE STATE MEDICAID AGENT WYOMING DEPARTMENT OF HEALTH OFFICE OF MEDICAID 147 HATHAWAY BUILDING CHEYENNE WY 82002
13. TYPED NAME: GARRY L. MCKEE, PH.D., M.P.H.      IRIS OLESKE	
14. TITLE: DIRECTOR      STATE MEDICAID AGENT	
15. DATE SUBMITTED:	

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: November 20, 2001	18. DATE APPROVED: <u>11/29/01</u>
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**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL: <u>10/1/01</u>	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: Spencer K. Ericson	22. TITLE: Acting Associate Regional Administrator

23. REMARKS:  
  
POSTMARK: unknown

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: WYOMING

POLICY AND METHODS OF ESTABLISHING PAYMENT RATE FOR EACH TYPE OF CARE PROVIDED

2b. RURAL HEALTH CLINIC SERVICES

Payment for Rural Health Clinic (RHC) services conforms to Section 702 of the Benefits Improvement and Protection Act of 2000 (BIPA).

All covered RHC services furnished on or after January 1, 2001 and each succeeding Federal Fiscal Year are reimbursed using a prospective payment system.

Until the State transitions to the prospective payment system on October 1, 2001, the State will reimburse RHCs based on the provisions contained in the State Plan as of December 31, 2000. Once the prospective payment system is in place, the State will retroactively reimburse RHCs to the effective date, January 1, 2001, according to the BIPA 2000 requirements.

Payment is set prospectively using the RHC's reasonable costs of providing Medicaid-covered services during RHC Fiscal Years 1999 and 2000, adjusted for any increase or decrease in the scope of services furnished during RHC Fiscal Year 2001.

The baseline per visit rate is determined for each RHC by (1) calculating a per visit rate for RHC Fiscal Year 1999 and RHC Fiscal Year 2000, (2) adding the two rates together, and (3) dividing the sum by two.

Beginning with Federal Fiscal Year 2002 and for each Federal Fiscal Year thereafter, the per visit payment rate is increased by the percentage increase in the Medicare Economic Index (MEI) for primary care services, and adjusted for any increase or decrease in the scope of services furnished by the RHC during that RHC Fiscal Year. The RHC is responsible for supplying the needed documentation to the State regarding increases or decreases in the RHC's scope of services.

The Medicaid allowable payment for a provider that qualifies as a Rural Health Clinic (RHC) after September 30, 1999, shall be equal to 100 percent of the reasonable costs used in calculating the rates of RHC's with similar caseloads located in the state during the same facility fiscal year. If there are no RHC's located in Wyoming with a similar caseload, the Department shall calculate the rate for the new RHC based on projected costs after applying tests of reasonableness.

The per visit payment for out-of-state RHC's is the statewide average Medicaid allowable payment in effect in the State as of October 1<sup>st</sup> of that year.

TN# 01-011  
Supersedes  
TN# 01-003

Approval Date 11/29/01 Effective Date October 1, 2001

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: WYOMING

## POLICY AND METHODS OF ESTABLISHING PAYMENT RATE FOR EACH TYPE OF CARE PROVIDED

## 2c. FEDERALLY QUALIFIED HEALTH CENTER SERVICES

Payment for Federally Qualified Health Center (FQHC) services conforms to Section 702 of the Benefits Improvement and Protection Act of 2000 (BIPA).

All covered FQHC services furnished on or after January 1, 2001 and each succeeding Federal Fiscal Year are reimbursed using a prospective payment system.

Until the State transitions to the prospective payment system on October 1, 2001, the State will reimburse FQHCs based on the provisions contained in the State Plan as of December 31, 2000. Once the prospective payment system is in place, the State will retroactively reimburse FQHCs to the effective date, January 1, 2001, according to the BIPA 2000 requirements.

Payment is set prospectively using the FQHC's reasonable costs of providing Medicaid-covered services during FQHC Fiscal Years 1999 and 2000, adjusted for any increase or decrease in the scope of services furnished during FQHC Fiscal Year 2001.

The baseline per visit rate is determined for each FQHC by (1) calculating a per visit rate for FQHC Fiscal Year 1999 and FQHC Fiscal Year 2000, (2) adding the two rates together, and (3) dividing the sum by two.

Beginning with Federal Fiscal Year 2002 and for each Federal Fiscal Year thereafter, the per visit payment rate is increased by the percentage increase in the Medicare Economic Index (MEI) for primary care services, and adjusted for any increase or decrease in the scope of services furnished by the FQHC during that FQHC Fiscal Year. The FQHC is responsible for supplying the needed documentation to the State regarding increases or decreases in the FQHC's scope of services.

The Medicaid allowable payment for a provider that qualifies as a Federally Qualified Health Center (FQHC) after September 30, 1999, shall be equal to 100 percent of the reasonable costs used in calculating the rates of FQHC's with similar caseloads located in the state during the same facility fiscal year. If there are no FQHC's located in Wyoming with a similar caseload, the Department shall calculate the rate for the new FQHC based on projected costs after applying tests of reasonableness.

The per visit payment for out-of-state FQHC's is the statewide average Medicaid allowable payment in effect in the State as of October 1<sup>st</sup> of that year.

TN# 01-011  
Supersedes  
TN# 01-003

Approval Date 11/29/01 Effective Date October 1, 2001